

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12/555	2/27
FORMALITY REVIEW	SH		11/27/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)... Canceled  
÷ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Final	Original	Date
1			11.2.01
2			4.17.02
3			8.21.02
4			5.12.03
5			11.14.03
6			4.23.04
7			8.17.04
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If more than 150 claims or 10 actions  
staple additional sheet here

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1-1  
4/30/01